

# **Report of the Campaign against Maternal Mortality and Morbidity**



**International Day of Action for Women's Health  
May 28, 1994**

**SAFE AND LEGAL ABORTION FOR ALL WOMEN!**

**Women's Global Network for  
Reproductive Rights**

→ Report of the Campaign  
against Maternal Mortality  
and Morbidity - 1993





### **A Short History of the Maternal Mortality and Morbidity Campaign**

In May 1987 the decision to start this Campaign was taken at the fifth International Women and Health Meeting (IWHM) in Costa Rica. At the Members meeting of the Women's Global Network for Reproductive Rights, which took place on May 28, after the IWHM, May 28 was chosen as the International Day of Action for Women's Health.

Since then, May 28 became the day on which an increasing number of women's groups and national and regional women's health networks organise a wide variety of activities focusing on different aspects of the Campaign and women's health. For many groups May 28 is the start for new activities that continue for a long time afterwards. For others it is the culmination of discussions, meetings and the development of plans that preceded May 28.

In 1988 the central focus of the Campaign was *Maternal Mortality*. From 1989 onwards Maternal Morbidity has been included. In the Call for Action in 1992 the central theme was *Teenage pregnancies*. In 1993 we called for *Breaking the silence about (illegal) abortion*, and in 1994 the theme centred around *Safe and legal abortion*.

Each year we published a special report which gave an overview of many of the activities that women's groups organised on the International Days of Action for Women's Health.

This publication includes the reports of activities organized in the framework of the Maternal Mortality and Morbidity Campaign on and/or around the International Day of Action for Women's Health (May 28), 1993 and 1994. Starting on this side, you'll find the report for 1994; turning this publication up side down, you'll read the report for 1993.

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This publication is also published in Spanish and French.

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# Report of the Campaign against Maternal Mortality and Morbidity

The report we present here includes all activities carried out in the context of the Campaign against Maternal Mortality and Morbidity and/or activities related to the International Day of Action for Women's Health, May 28. It covers both 1993 and 1994, because in both years the international Campaign focused on abortion from two different perspectives.

The activities we describe are those that have been reported to the Coordination office of Women's Global Network for Reproductive Rights, because those are the ones we have knowledge of.

This time we have chosen to compose an elaborate report, with details, because the issue of abortion is a very important one for us as well as for the feminist and health movement at large. We therefore believe details might be useful to acquire a better understanding of the level we work on and the problems we encounter during the process.

Several groups **have not** campaigned for abortion. However, they contributed to the International Day of Action for Women's Health with activities that they consider important in their line of work. These activities have been included as well. All of this is relevant information which will be considered in the evaluation of the Campaign we are carrying out on an international level.

## **SAFE AND LEGAL ABORTION FOR ALL WOMEN** **1994**

The consequence of clandestine abortions is death. It threatens the life and health of women! In the majority of reports this is denounced, and its condemnation is repeated time and again. We also repeat it tirelessly in this report.

Australian women wrote: "It is time to campaign for abortion to be treated as all other medical operations! The only legislation needed for abortion is one that regulates any other medical operations: medical complaints desks or medical disciplinary tribunals."

Mexican feminists tell us: "The best situation would be for abortion to be regulated by the general health law, and for abortion performed without the woman's consent to be considered illegal. The general health law could regulate counselling for women who have to take such a decision, and the quality of care given to women who want to have an abortion."

Legal and safe abortion implies two types of restrictions: on the legal and medical level. Two different issues have to be considered: the body as a biological organism and the social relations reflected in laws. Laws cannot ignore the social constructs that define human life, maternity, sexuality, etc. The law gives rights and power to confirm the social construct when it has been moulded by social practices, but not to subvert it. That women can demand and obtain legal abortion speaks of their strength within the new relations of power between the sexes, in relation to descendants and the reproduction of the species. It is a concrete form of intervention in the definition of human life (not academic or metaphysical). Human life requires for its formation that the woman who is pregnant doesn't feel her life threatened by the pregnancy.

*Martha Rosenberg*



The slogan calling for legal and safe abortion, helps us realize what the restrictions are in each country, and helps us define how to fight them and to decide where and in which aspects we put the emphasis.

But we do say that doctors and medical organisations should have women's organisations as their allies, lawyers' organisations, human rights groups, youth leaders, and political and religious leaders, so that they can work together for legal and safe abortion for all women! All within that "different social construct," as M Rosenberg defines it.

We hope that this report of the Women's Global Network for Reproductive Rights will contribute to this struggle for a different social construct, and eliminate the restrictions that cause women to continue suffering and dying because of unwanted pregnancies.

*The editor*



# Algeria

## distribution

As every year in Oran, one **member** publicises the Call within the Association of women. This year she asks us to transmit her concern for the lack of male responsibility in the decision to have children and of taking care of them. She comments that many times the man says "this is not my problem" and the woman must face the responsibility where there is no preparation, intention or prior agreement. She must also assume the responsibility in the use of appropriate contraceptives.

# Argentina

## distribution

**CETAAR** informs this year:

- \* We duplicated the Seventh Call for Action pamphlet and we are distributing it among the women's groups, we send it with material from Catholics for a Free Choice, as the pressure from the Church among us is very strong. We have also sent it to men and women journalists in radio and the press to be publicised.
- \* We reprinted the poster made in 1993, we will paste it in the western area of the province of Buenos Aires. We are designing a new poster inviting women to take care of their health.
- \* We have discussed the issue on local radio, in several weekly programmes in which we have a spot, warning our listeners about the proposal of some political parties to include in the new Constitution a paragraph that says "guarantee life from conception" which will create a legal obstacle that would be very difficult to surmount in the future in our quest to decriminalise abortion.

For women's health and the prevention of maternal morbidity we reinforced other tasks:

- \* In 1993 we restarted the course "Sharing the arrival of the baby", aimed at pregnant women, in which we offer information and support. Prenatal services in our city are deficient in the treatment and information they provide to patients. The course finished in September and as a result of requests from the participants we continued with bimonthly meetings up to the present (May 1994)
- \* We promote a delivery in which the Woman is the principal actor, giving them self confidence and the elements she needs to defend herself in hospital. We also promote and offer support to have home deliveries. There have already been 3 babies born at home and it has been a very empowering experience for all.

We are convinced that reclaiming child bearing as an act of value to women is one of our reproductive rights.

*CETAAR, Casilla de Correo #80-1727 Marcos Paz, Buenos Aires*



## signatures

This year the **Reproductive Rights Forum** continued its campaign of collection of signatures for the decriminalisation of abortion in the country. *Pagina 12*, the most critical paper in the Capital published again like last year, an updated list of all the signatures, on 28 May the number of signatures reached 1500 in the Capital. The participants in the Forum published again articles of debate in the papers, they designed a poster with the slogan: "Contraceptives to prevent abortion, legal abortion to prevent death". The campaign for collection of signatures continued until September 28 when it was closed at a special event.

*Reproductive Rights Forum, Las Heras 4095, piso 5, depto 17, 1425 Buenos Aires*

## discussion panel

**CLADEM** in Rosario organised a discussion panel on the subject of Reproductive Rights or Duties.

It took place to celebrate the International Day of Action for Women's Health. In analysing the issue we are trying to understand how the roles, responsibilities, guilt and punishment are apportioned with regards to reproduction: "If women could make decisions about the contraceptive methods with knowledge and freedom, they could influence controlling and anti controlling policies and be free of an "immutable" biological destiny.

There was also the reiteration of a proposal of constitutional reform, which "tries to guarantee citizens the right to know and decide about their own bodies." It is considered important to review the criticism of the legislation on the issues of adultery, abortion, prostitution, rape, as well as their conclusions.

*Cladem, AA 11-0470, Lima, Peru*

# Australia

In Australia, the situation of abortion is contradictory. On one hand, the abortion law -that hasn't changed since 1900- considers it a punishable offence. But in reality since at least 1972, when a judge dismissed a case against three doctors who had performed abortions, the women in some states like New South Wales are used to abortions on demand. Since 1972, if a woman or a doctor are taken to trial, the decision is in the hands of the judge and it depends on how sympathetic he or she is to the problems of the woman; as the law itself has not been changed. In these times of backlash of the social conquests and the resurgence of conservative thought, the judges are applying the law against women. This is why Australian women put great emphasis in the struggle against anti-abortionists and are not asking for the law to be changed but to be revoked.

## public declaration

The **Women against Abortion Campaign (WAAC)** and other groups held a planning meeting on May 11, with the purpose of organising a march for abortion. The demonstrations took place on May 28 at the municipal square in Sidney; 50 people participated. There were



speeches, songs and messages of support from journalists, actors and religious leaders were read.

The march was sponsored by the **Abortion Rights Action Network**, the Democratic Socialist Party, Resistance, the Humane Society of New South Wales, the Women's Electoral Lobby, the New South Wales Greens, the Council for Civil Liberties of New South Wales, NOWSA, and WAAC, among others.

This is a letter sent by our sisters of WAAC to WGNRR's Coordination office: "Receive a greeting in solidarity on the International Day of Action for Women's Health. A recent judgement of the New South Wales Supreme Court that should have dealt with the issue of medical negligence, but that was in fact a judgement on abortion, has reminded us that our right to abortion hangs from a thread.

The fact that abortion continues to be in the law books, not only in New South Wales but all over the world, makes women criminals, (men have no need for abortion). Consequently, the focus of the march on May 28 is "that abortion remains available, affordable and safe."

The participation in the Women's Global Network for Reproductive Rights continues to be a great motivation for us, because we know that we are part of a global movement. We reiterate our greeting of solidarity to your Office and to all the members of the Network.

## marches

**Immigrant Women's Speak-out** also sponsored and participated in the march on May 28 in Sydney.

**Pro choice club, Queensland University**, participated in the Sydney march.

Andrew Stark, member of the group denounced that the ALP had won the election promising reforms to the abortion law, but has refused to keep its promise. He called for the law to be revoked.

The **Democratic Socialist Party** is the only Australian party that doesn't leave the issue of abortion to the conscience of each member, in other words that doesn't avoid the issue and considers it important in the context of social problems.

Doctor Margaret Perrot was present at a march related to May 28 in Wollongong, where 50 people demonstrated in front of the Department of Public Prosecution.

Sharon Callahan of the **Women's Centre** gave a public speech at the May 28 march in front of the Department of Public Prosecution in New South Wales.

60 people took part in a march in Brisbane. The sponsors were **Children by Choice**, **University of Queensland Pro Choice Club** and the **Democratic Socialist Party**.

200 people took part in a march in Canberra which was sponsored by the **Democratic Socialist Party** and **Resistance**.

## debates

**Resistance, a social youth organisation** organised debates with Right to Life activists (anti abortionists) at the university city.



The **Pro Choice Club, Adelaide University** was formed in response to the emergence at the university of a conservative group opposed to abortion freedom. The inaugural meeting of the conservative Club "Pro Life", headed by two men, was attended by 25 members. The Club for the Freedom to Choose, with its swift response had fifty members in its first meeting, the majority women.

**Green Left Weekly** participated in the debate in New South Wales.

**Newcastle Abortion Campaign of James St Mall**, Hamilton organised a collection of signatures. They also sent letters to the Prime Minister and the Minister for Women's Issues. They were co-sponsored by **With Working Women's Centre** and the **Uniting Church**.

## public declaration

WAAC, Women's Abortion Action Campaign, published a declaration in reply to the latest events around abortion in Australia. We reproduce parts of it here:

"It is time that we campaign for abortion to be treated as all other medical operations! All of us have to be aware of the political opportunities that this case gives to the anti-abortion forces and respond with vigour and determination, reaffirming that abortion is a decision of women, not a concession from the courts. This means that we have to review the laws, so that they deal with medical intervention according to public opinion. We must go on the offensive instead of maintaining the status quo.

### Reform is not enough

Some people think that reforming the abortion law is enough, but Women's Abortion Action Campaign doesn't think so. Legal reforms in general restrict abortion, which is then the object of constant threats of denunciation, interpretations and amendments, as has been happening in South Australia and the United States.

### To reform is to go backwards

Often the restrictions attached to reform are obstacles to the woman who needs to have an abortion.

- \* by limiting abortion to authorised hospitals, who impose their own quotas and regulations (such as asking for the consent of the husband or parents); or as in the case of the Mt Druitt Hospital which receives public funds but is under the administration of catholic nuns, and can refuse to perform abortions of any kind;
- \* by imposing unnecessarily long waiting periods, increasing the risk to the women;
- \* by establishing the requisite of a hospital stay to those who request an abortion (two months in South Australia for example);
- \* by imposing arbitrary "expiry" times in which abortion suddenly becomes "very unsafe", leaving the woman without the possibility of making her own decision.

These types of restrictions can create the ridiculous situation that forces the women of South Australia to travel to Victoria to have abortions. The women of Tasmania and isolated parts of the Northern Territory and Queensland also take the plane for abortions, when they have support and information networks in their cities.



- \* No woman should find herself in the humiliating situation of having to beg for permission from her husband, father, doctor, psychologist or judicial court to have an operation performed on her body.
  - \* The great majority of women have early abortions, that are simpler and less risky. However, there will always be a need for late abortions. Revoking sections 82-84 of the penal code of New South Wales could guarantee the availability of late abortion to those women who need it.
  - \* The only legislation necessary for abortion is the same that regulates any other medical intervention, which is, the Units of Medical Complaints or the Medical Disciplinary Tribunals.
  - \* As long as the legal situation of abortion continues to be ill-defined and restrictive, and as long as doctors are under the continuous threat of prosecution, the providers of abortion will continue to have problems to convince doctors to do the operation. This can cause a backlog of the accumulated requests and consequently more problems for women.
- WAAC, PO Box E223, St James, NSW 2000

# Belgium

## declaration

WIDE, ***Women and Development in Europe***, apart from presenting facts about abortion, the General Assembly of Wide demands:

- \* access to legal and safe abortion for all women
- \* that health workers are competent and that the dignity and autonomy of women are respected
- \* that adequate information and counselling are provided in clean and well equipped facilities
- \* the possibility of referral for cases in which there are complications and good post natal services

Women should be able to

- \* discuss freely the option of abortion
  - \* have access to counselling, but not be forced to have it
  - \* decide for herself without fear
  - \* receive adequate information about the facilities
  - \* depend on financial assistance from social services or medical insurance companies
- Also in countries where abortion is illegal, where the perspective of legalisation is poor, the risks must be diminished. This resolution is made within the context of the International Day of Action for Women's Health, May 28 1994.
- WIDE, 10 Square Ambiorix, 1040 Brussels



# Brazil

Aborto legal e sem risco  
para todas as mulheres

## seminar, distribution

**SOF, Sempre-Viva Organisation Feminista** and the health movement in the East and Southeast areas of Sao Paulo promoted a seminar on women's health aimed at the militant in the movement and at elected counsellors of the official health Councils. The objective was to launch a campaign for the prevention of cancer of the cervix/uterus and breast cancer, to discuss state health services for women and to mobilise the counsellors on these issues.

*SOF, Rua Engenheiro Tomas Whatley 204, Santo Amaro, Sao Paulo, SP 04742-130*

The **Nucleus for Study and Documentation in Maternal Health** of the University of the State of Rio de Janeiro, especially for this date designed a poster related to maternal deaths and are collecting information on the subject.

*Nucleo de Estudos e Pesquisas sobre a Mulher, Universidade Federal de Minas Gerais, Rua Curitiba 832, Belo Horizonte, Minas Gerais*



Campanha para a prevenção  
da morbidade e da mortalidade materna

# Chile

## campaign

The **Open Forum on Health and reproductive Rights** continues the campaigning work began in 1992, "Let's discuss therapeutic abortion".

In 1994, "we concentrated on the discussion of a law proposal for therapeutic abortion, we thoroughly reviewed the present legislations of Latin America and Spain, and we have intensely lobbied the Chilean parliament. We have been succesful in our approach of the media, as they now are continuously asking us for information.

On September 28<sup>1</sup>, we launched the book we edited *The Incredible Church -Matters pending for its third millennium*, written by Jesuit priest L Perez Aguirre. It is important to add that in Chile in the past year there has been a huge push against clandestine abortion clinics, which has made the issue appear sensationalised in the media but there has also been a sensitisation in the search for explanations about abortion in Chile, as we are the country where in proportion more abortions are performed in Latin America.

On the other hand, the Church has a lot of power, so our outlook is not too encouraging with respect to legislation. Even so, we consider that the elements provided by the Cairo Conference on Population and Development have furnished us with good analytical tools and allows us to place the subject in a more internationally validated perspective.

We are carrying out research on the profile of the women condemned to abortion in Chile.

<sup>1</sup> Some Latin American countries during 1993 and 1994 united the campaigns of May 28 and September 28, the latter being the Day of Action for the Decriminalization of Abortion in Latin America and the Caribbean.



Up to now it shows us that the penalties punish only the poorest and least protected women.”  
*Foro Abierto, Casilla 50129, Correo Central, Santiago*

## Costa Rica

### conference

The **Costa Rican Alliance of Women** organised a National Conference “Women, Health and Reproductive Rights” with the participation of grass roots organisations from the whole country. It proposed as basic points the following: no imposing of demographic policies that try to control the fertility of women, rejection of the so-called models of development that have not improved the quality and conditions of the lives of the female population and denunciation of the SAPs (structural adjustment programmes) that deteriorate health programmes and services and condition the policies of demographic control. *AMC, Apdo 2178, 1002 San José*

## Denmark

### discussions

**KULU, Women and Development**, that covers 33 organisations and women’s groups in Denmark organised a huge seminar-conference for the preparation of the ICPD in Cairo. This seminar took place on 27 May and included a declaration that contained the Call for Action for this year. During the conference the Call for Action was distributed to all participants.  
*KULU WD, Landgrevern 73, 1301 Copenhagen K*

## Germany

### press

The Human Rights organisation **Terre des Femmes** translated the Call for Action into German and published a press release: “Legal and safe abortion for all.” It says that taking into account that at least 200,000 women die every year because of illegal abortions and many more suffer with complications for the rest of their lives, it is necessary to legalise abortion. It also mentions that organisations like Terre des Femmes are dedicated to the improvement of the conditions in which abortion is practised in the countries where the perspective for legalisation looks dim.  
*TF, Nauklerstrasse 60, D-72074 Tübingen*

Kampagne zur Verhütung schwangerschaftsbedingter Sterblichkeit und Morbidität

**SIEBTER AKTIONSAUFRUF**  
Internationaler Aktionstag für Frauengesundheit  
28. Mai 1994



**SICHERE UND LEGALE  
ABTREIBUNG  
für alle Frauen**



The **Berlin Feminist Women's Health Centre** used the International Day of Action to reassert Patients' Rights. In a press release they state that women are more and more conscious of their rights as patients. However, there are still many dark areas and pitfalls in relation to the rights of the patient. The press release ends by saying that "the gynaecological diagnosis and treatment is very closely related to the bodily and sexual intimacy of women." The Feminist Health Centre encourages women to be very alert that this intimacy is being respected and that particularly in this area their rights as patients are being adhered to.  
*FFGZ, Bamberger Strasse 51, 10777 Berlin*

# Greece

The **Non-Aligned Women's Movement** did a lot of publicity on the International Day of Action in their magazine. They translated the Call for Action into Greek and published information about the situation of abortion in different countries, underlying the importance of legal and safe abortion. In Greece abortion is legal in the first trimester of pregnancy and the services in hospitals are quite good. The state pays for the costs. After the three first months it is necessary to have a medical prescription to have an abortion. The woman has to make an appointment for the abortion at a family planning clinic. There have been complaints that the workers at the clinics put pressure on the women to stop them from aborting.  
*Non-Aligned Women's Movement, Asklipiou 109, 11472 Athens*

**28 Μάη 1994**  
Παγκόσμια Ημέρα Δράσης για την Υγεία της Γυναίκας

28 Μάη 1987 στην Κόστα Ρίκα σε συνάντηση των μελών του Διεθνούς Δικτύου των Γυναικών για τα Δικαιώματα της Αναπαραγωγής καθιερώθηκε η

28 Μάη σαν Παγκόσμια Ημέρα Δράσης για την Υγεία της Γυναίκας.

28 Μάη 1988	Μητρική Θνησιμότητα
28 Μάη 1989	Μητρική Θνησιμότητα και Μητρική Νοσηρότητα
28 Μάη 1992	Εφηδική Εγκυμοσύνη
28 Μάη 1993	Σπάμε τη σιωπή γύρω από την παράνομη έκτρωση, γύρω από το μύθο και την πραγματικότητα της έκτρωσης
28 Μάη 1994	Ασφαλή και νόμιμη έκτρωση



**28 Μάη 1994**  
όλες οι γυναίκες θα πρέπει να έχουν πρόσβαση στην  
**ΑΣΦΑΛΗ ΚΑΙ ΝΟΜΙΜΗ ΕΚΤΡΩΣΗ**

Παγκόσμιο Δίκτυο Γυναικών για τα Δικαιώματα της Αναπαραγωγής  
Δίκτυο Υγείας Γυναικών της Αιγαιικής Αφρικής και των Χωρών της Καραϊβικής  
Αδελφευτή Κίνηση Γυναικών

# Guatemala

## distribution

**Tierra Viva**, in this May 28 implements a campaign of information on the issues of Reproductive Rights. They produced a pamphlet which was distributed to organisations in Guatemala City and to the women they work with at the centre. Through the campaign they recognise the importance of caring for the bodies and health of women, which is what allows them to be human, capable of negotiating peace in their country. They want to merge their struggle for the appropriation of their bodies to the discourse on peace and democracy in their country.  
*TV, 12 Calle A, 3-35 zona 1, Guatemala*



# India

## distribution

**Chetna** adheres to the 1994 Campaign publishing a leaflet with information about the reality of abortion in India.

“Let’s join our hands to prevent the death and suffering of women caused by illegal abortions.” We reprint part of this leaflet that contains important information about the situation in India.

### Facts of abortion

The *Medical Termination of Pregnancy Act* (MTP) emphasises that legally, a pregnant woman can abort whether she is married, single, or widowed. The abortion can be performed at government hospitals, Primary Health Care Centres, Authorised Nursing Homes and hospitals. Women don’t need anybody’s permission to terminate a pregnancy of less than 12 weeks. The act provides for pregnancies to be terminated up to the 20th week.

We must be aware that:

- \* although abortion is legal in our country, every day illegal and unsafe abortions are performed due to lack of information and affordable services.
- \* a tenth of maternal deaths in our country are due to septic abortions that kill from 4 to 25% of the women that decide to have illegal abortions.
- \* the cost of an illegal abortion depends on the degree of the risk involved: the more advanced the pregnancy the more expensive the abortion.





### **Illegal abortion in rural areas**

The Indian Council for Medical Research did a study of illegal abortion in the rural areas of the following states: Uttar Pradesh, Rajasthan, Orissa, Haryana and Tamil Nadu. The study was launched as a consequence of the current problem of illegal abortions.

The 1972 MTP Act was put into effect to guarantee that there are large scale, free services for women, with the express purposes of reducing maternal mortality and morbidity due to illegal abortions. A decade has passed since the MTP Act was passed. Yet the magnitude of the problem and the incidence of illegal abortion continue to grow.

### **Results**

- \* The results of the study show that from 1971 to 1983 the rate of illegal abortions was 13.3% per 1000 pregnancies, while that of legal abortions was 6.1% per 1000 pregnancies.
- \* The study highlights also that the knowledge of the abortion services in communities was very scarce and that information through the available channels was very poor.
- \* It was found that although abortion is free, clients were being charged in hospitals and Primary Health Centres.

### **What we don't know**

- \* Hospitals don't usually register the real cause of death of the women, apart from the fact that the majority of women suffering complications from abortions don't even get to hospital.
- \* A lot of women don't reveal that they have had an abortion due to the stigma attached to it.
- \* Abortion in this country is used to get rid of female fetuses

### **Infanticide in Salem**

The Madras and Adithi Community Service, a social charity based in Pune, interviewed 1250 women in the Salem district of Tamil Nadu. Of them, 111 admitted to having killed a baby girl in the last three years, while 476 others felt no scruples in saying that they would have to resort to murder if they had another daughter. According to 837 women female infanticide is a common occurrence in the village. 865 maintained that a daughter is a burden.

### **Crime against the new-born woman**

"Technology for female foeticide" could well be the definition for amniocentesis and other tests to determine the sex of the foetus in India. Although amniocentesis and ultrasound were invented to detect congenital abnormalities, in India they are used to determine the sex of the unborn child and in the majority of cases, if the foetus is female, it is aborted.

It is a shame that doctors consider the tests to determine sex and female foeticide as methods of family planning. How can this problem be fought? To ban amniocentesis doesn't solve anything, in the same way that the laws against delinquency don't stop delinquents. It is necessary to raise public awareness of this merciless and brutal elimination of baby girls. The fact that in a state like Maharashtra amniocentesis and the removal of female fetuses has been banned without a consequent reduction in the rate of abortions, is something to think about.

### **Reasons for abortion**

Why do women need abortions?

- \* Because they don't know how to use contraceptives efficiently.
- \* Because contraceptives are not available in state hospitals and Primary Health Centres.
- \* Because contraceptives fail.
- \* Because of lack of contraceptive counselling.



Why do they resource to illegal abortions?

- \* Because of lack of information about the MTP Act.
- \* For fear of social condemnation, in the case of pregnant single women.
- \* Because giving birth to a girl is considered a burden.
- \* For fear of lack of confidentiality in state hospitals and Primary Health Centres.
- \* Because of poor availability and the bad quality of state hospitals and Primary Health Centres.

What can be done to prevent illegal abortions?

- \* Provide information about different methods of fertility control.
- \* Guarantee easy access and availability to quality contraceptive services.
- \* Involve men in the responsibility of reproductive health and fertility control.
- \* Provide sexual education for adolescents and adults

### For safe abortions

- \* Provide accessible and safe abortion services and make it socially acceptable.
- \* Health organisations and professional bodies together with consumer groups must create effective controls over private nursing homes to guarantee the good quality of the reproductive health services they provide.
- \* Foster social transformation so that it stops being a stigma to be pregnant when single.
- \* Form pressure groups to stop doctors and politicians from abusing technology to eliminate female fetuses.

*CHETNA, Lilavatiben Lalbhai's Bungalow, Civil Camp Road, Shahibaug, Ahmedabad 380 054, Gujarat*

## Italy

### distribution

From the **Simonetta Tossi Health Centre** in Turin, we received information that for May 28 they distributed around 60,000 flyers that included extracts of the Call with information about abortion laws in the region and in the country. They were distributed through the women's unions CGIL and the Women's Building in Turin. The flyer was signed by the Simonetta Tossi Health Centre together with other groups and women's unions. The situation in Italy is becoming difficult due to the presence in the parliament of a catholic fundamentalist woman who is pursuing a campaign to make abortion illegal in the country.

*Simonetta Tossi Health Centre, 77 Via Madame Cristina, 10125 Turin*



# Malaysia

## publicity and debate

*Health Action International News* reprints the Call for Action giving it a lot of attention. This provoked an internal debate. We publish the opinion of the editors at IOCU:

“(...) The objective of ROAP’s support to the campaign for legal and safe abortion is to prevent the hundreds of thousands of women that die due to unsafe abortions and the suffering of so many others who endure the physical and mental anguish of “criminal abortion”.

ROAP’s support of the campaign for safe and legal abortions is based on empirical analysis of data obtained from diagnostic field studies and desk research.

There are countries in the world where abortion is legal. In others abortion is illegal or severely restricted.

It is well known, however, that neither lack of access to safe procedures nor its illegal status deters women from having the abortions they want. And there is, in this context, a great difference between women who are affluent and can pay for the services of a qualified medical practitioner, and the poor and marginalised sections of the community who do not have the financial resources to do so. It is also very well known that in countries where abortions are illegal, women who have the resources can easily obtain the services of qualified medical personnel to provide for safe abortions. Health professionals in these countries are very well aware of this and have enormous amounts of anecdotal data. However, these data can never be documented and published due to the illegal nature of the activity. They do not go into the clients’ medical reports.

Even in countries where abortions are legal, governments have not yet made adequate provisions to meet the demand. And more importantly, consumers in these countries are not aware of the services available to them. For example, menstrual regulation is a service provided in South Asian countries, where more than 50% of the world’s one billion poor people live. This is a form of safe abortion which can be performed only during the first few weeks of pregnancy. It can be done in the out-patient department and in rural community areas. It is an inexpensive method and does not need the services of a qualified medical practitioner.

However, very few consumers are aware of this, nor is it readily available to those who need it. A recent community study reported that complications of unsafe abortion are a major underlying cause of maternal morbidity and mortality in Bangladesh in the 1970s.

There can be no accurate figures for the number of unsafe abortions carried out since the participants wish to keep those secret. More importantly, a majority of the women who undergo unsafe abortions by unqualified persons in unsanitary environments eventually enter hospitals with complications of unsafe abortions such as haemorrhage and pelvic infection. Therefore, a majority of the abortion deaths will appear in the statistics under the final cause of death which will either be haemorrhage or infection.

Nevertheless, it is apparent that unsafe abortion is both widespread and a major cause of maternal death in developing countries.

On the basis of informed guess work, it has been estimated that between 40 million and 60 million women a year seek terminations of unwanted pregnancy making the rate of abortion worldwide 30-45 per 1000 women of reproductive age.

Complications of unsafe abortions are among the leading causes of maternal death in Latin America. There is only one way to prevent these complications and that is to provide for safe and legal abortions in these countries.



We do not consider safe and legal abortion an emotionally charged issue. It is simply a major health concern of the poor and marginalised women, particularly in developing countries. We do not know the Isis staff in Santiago. But we are very well aware of the work done by Isis and have enjoyed reading their publications. Their campaign for safe and legal abortion is based on empirical data collected for their own research.

You are, of course, entitled to your own opinion. However, we cannot agree when you say that you consider Isis to be a very zealous promoter of abortion as a basic women's right and that ROAP and the editors of *HAI News* and *Consumer Currents* have readily endorsed the position by Isis.

We reiterate that we support the campaign because we have evidence that complications of unsafe abortions are among the leading causes of maternal death in developing countries and that safe and legal abortions provide the only way to prevent these maternal deaths.

We also feel obliged that Isis and Women's Global Network for Reproductive Rights should be given an opportunity to defend themselves and to inform you about the rational basis of their campaign."

*K Balasubramaniam, R Manikan, Shila Rani Kaur, Raja Alwi, Raja Omar*

## Mauritius

### meeting

From **Muvman Liberasyon Fam** we received the following report: "We held a meeting (from 6pm to 10pm) about abortion, to plan new strategies, as the 'right to life' people have opened their first branch here and we wanted to counter the propaganda of the Vatican in Cairo. The meeting was very good and women of rural and urban areas between 19 and 76 years old participated. We also answered an article in the paper that criticised us for asking for the resignation of the Mauritius Health Minister who had expressed retrograde and dishonest opinions about the health of women in relation to safe abortions. We sent them some newspaper cuttings on this, as well as our own opinions about abortion."

*MLF, Antelme Street, Forest Side*

## Mexico

### action, distribution

The **Women's Health Network** of Mexico City (DF) prepared its own seventh Call for Action: "For women's rights to health."

"(...) In Mexico, this right is not respected and the dignity and decision of the people are violated, with an unsatisfactory level of quality services. Together we demand:

- \* a substantial increase of the health budget
- \* the right to freely choose safe, effective contraception
- \* the right to reproductive health services



- \* the right to mental health services
- \* the right to efficient channels to denounce legal abuses, violence and ill-treatment of women

On May 28, the majority of groups that form the DF Network met at the Coyoacan Square to celebrate the day. There were various services, **SIPAM** provided a service for pregnant women and on safe sex with information on AIDS. **GIRE** opened a stall to give information about abortion, the conditions of legality and the struggle to obtain it. **CIMAC** organised press conferences. It was an active afternoon full of enthusiasm.

*REDSM-DF, Vista Hermosa 89, Col Portales, 03300 Mexico DF*

## panel

The **UAM-Xoxhimilco**, the magazine **FEM** and the **Coordinadora Feminista** organised a discussion panel in the UAM-X campus to discuss the topic "Unsafe Abortions are the main cause of maternal mortality". The University's newsletter gives details of the UAM-X panel.

## public letter

Through the press, **GIRE** and **MAS** address the co-ordinator of the National Trade Union Movement Senator Jimenez Macias:

"The Women's Global Network for Reproductive Rights has chosen for the last few years May 28 as the International Day of Action for Women's Health. This year the Call is for legal and safe abortion. On this International Day for which feminist groups and the Health Network, the Chosen Reproduction Information Group (GIRE) and the Women in Trade Unions Action

*M*aría fue consultada  
para ser madre de *D*

ELEGIR ES EL DERECHO DE TODAS





(MAS), we ask you as the co-ordinator of the National Trade Union Movement to call on the unions that comprise that movement to reflect on the subject of abortion in our country. Even though in our country the reproductive rights of women and men are enshrined in article 4 of the Constitution, we must reflect more widely on the difficulties that very many Mexican women have in accessing the information and the services that guarantee them voluntary and safe maternity, exercising their reproductive rights and protecting their health and their lives. At least one third of women's deaths due to complications related to pregnancy and labour are caused by unsafe abortions. The figure for Mexico is around 1500 women each year, preventable deaths. We cannot silence our concern about the grave public health and social justice implications of these deaths, as they are in their majority women of scarce resources, rural and urban, who have no access to private gynaecologists that perform abortions under good conditions.

The daily tragedy of deaths caused by unsafe abortions and the impact this has on the family and society makes us define our objective that no woman is ever forced to resort to abortion. As the elimination of abortion can only come about through education, information and access to contraceptives that don't yet exist in our country, we have to discuss the problem of unwanted pregnancies and that of abortion.

On this International Day of Action for Women's Health we don't intend for unions to pronounce themselves for or against the criminalization of abortion, but that they take on board the seriousness of the issue and invite different factions to a debate within a framework of plurality and respect, so that their members have the opportunity to hear the different positions and receive information that helps them to choose according to their own conscience and religious or lay beliefs.

With this purpose we make this public appeal, convinced that the democratic aspirations of the National Trade Union Movement will foster a wide debate on the issue of such crucial importance to the lives and health of Mexican women."

*GIRE, Copilco 162, edif 22-321, Mexico DF*

## press

The information newsletter #2 of **SIPAM, Salud Integral para la Mujer** (Integral Health for Women), *La Trenza* was dedicated to May 28. It informs that women's groups in Chiapas, Morelos, Baja California, Chihuahua and Sonora also organised education and distribution activities.

Most of the newsletter is devoted to providing information about abortion in Mexico.

**APIS, Accion Popular de Integracion Social**, (Popular Action for Social Integration), was present in the campaign by sending greetings to all the groups and through the distribution of posters throughout Mexico City and also in States elsewhere in the country, that say: "... because it is clandestine it can be subject to corruption, it is dangerous for many women and deadly. What each person does with her/his body is an individual decision, a freedom that we must safeguard. For Free and Voluntary Maternity."

*APIS, Juan S Azcona 1339-2, Col del Valle, 03100 Mexico DF*



# Netherlands

## event

The **Centre of Women's Health Isis** in Amsterdam organised a party on 27 May adhering in this way to the International Day of Action for Women's Health. They gave a prize to one of their members for the work done during the year.

WHC Isis, Obiplein 4, 1094 RB Amsterdam

# Nicaragua

## national campaign

The **"Maria Cavalieri" Women's Health Network** organised a national campaign against Maternal Mortality. (The groups *Sí Mujer* and the *Matagalpa Women's Collective* made their own triptychs).

On May 26 the groups marched to the National Assembly, each group carrying a banner for each woman who died after abortion in 1993, with information about her age, the place and cause of death. They delivered to the deputy, president of the Commission for Women, a letter addressed to the president of the National Assembly.

The majority of the member groups of the National Network held activities during the several days of adherence to the campaign and to May 28: all the groups made banners with information on the 162 women who died in 1993, they made quilts that they displayed in several places, held forums, debates, made videos, held workshops and lectures.

In Managua there was a debate forum with the participation of judges, police, the System for Integral Health Care, the Nicaraguan Institute of Social Security and Welfare and women's groups and individual women.

## Demand

The letter presented to the President of the National Assembly reads: (extracts)

46% of maternal deaths happen in the home, which indicates that the women don't receive attention from the MINSA (Ministry of Health Services) or from people sufficiently qualified to face the complications that occur. In this way the State shows its inability to assist women when they need it most. Preliminary reports from 1993 indicate that the main cause of death is haemorrhage, followed by eclampsia, infection and abortion. Regrettably the real causes of the women's deaths are not noted in the official records.

The Network denounces that women in Nicaragua die because:

- \* we live in a "machista" society that discriminates against us from the moment we are born.
- \* our reproductive and sexual rights are not respected, they now impose on us "duties and responsibilities" instead of recognising our capacity to decide.
- \* the Catholic Church condemns us if we want to plan; a church that chooses to be celibate cannot understand our sexuality.
- \* Ministers threaten us through their religious messages, confusing people when they "allow" sexual abstinence as the only form of contraception.



*Colectiva de mujeres Matagalpa*

*28 de Mayo 1994*

*Día de acción  
por la salud de la mujer*

*Aborto legal y sin riesgo  
para todas las mujeres*





- \* they offer us the “rhythm” method to plan, knowing that it is the most unsafe of all methods. They know that using those methods we end up with unwanted pregnancies.
- \* they deny us the right to make decisions about our own bodies, while everyone, everywhere makes decisions for us.
- \* they make us believe that the only purpose of our lives is maternity, that we were born with a “maternal instinct” from which we cannot escape.
- \* they exalt maternity but they don’t offer us safe conditions to be mothers.
- \* health services for women are dehumanised and we can’t trust them.
- \* we are poor and have many sons and daughters and it is not recognised that we shouldn’t have to assume this responsibility on our own.
- \* we have no information or good access to safe contraceptive methods that don’t damage our health.
- \* the law doesn’t offer protection to women and doesn’t recognise us as citizens with full rights. Many women legislators and all the men legislators have paid no attention to the problems of women in Nicaragua.
- \* at the MINSA, they refuse to accept our demands for therapeutic abortion, although it is recognised in the Penal Code and it is a measure applied internationally to preserve the health and life of women.
- \* they force us to resort to clandestine abortion and the poorest among us die.
- \* they refuse to accept that abortion is a public health problem that demands an adequate response.

### **What we want**

As citizens with full rights, we want the government to stop imposing a religious conception in relation to the sexuality and reproduction of people, they are currently confusing dogma, faith and religion with politics, health and human rights.

We want a guarantee to defend the lives of women that don’t oppose the necessary measures that have been recommended by the WHO and the Pan American Health Organisation in the Maternity without Risk Initiative.

We ask and demand that the State complies with the Agreements and Conventions established in the Constitution of the Republic, the Universal Declaration of Human Rights, the Convention against any kind of Discrimination Against Women and the Guatemala Declaration for Safe Motherhood.

We want the recognition of the organisations of the women’s health movement by state institutions, especially MINSA, because as citizens we are making a decisive contribution to the struggle against Maternal Mortality in Nicaragua.

We want to participate in the debate, production, implementation and evaluation of health policies and contribute our experience to the work of statutory institutions.

We want access for all people to Integral Sex Education, without prejudices or taboos; to safe and efficient contraceptive methods, to good quality prenatal care, to sufficient technical and human resources, to receive humane treatment during labour or abortion, and to the right to voluntarily elective maternity.

With the participation of all sectors, we want to review the legislation that restricts the sexual and reproductive rights of people, we want legislation that criminalises abortion to be revoked, we want the reactivation of the hospitals’ Committees for Therapeutic Abortion and the formation of the Committees of Analysis of Maternal Mortality in all health units.



The members of the Network that sign this letter and that demonstrated in front of the Assembly and that organised many different activities at their places of work are:

**For Managua:**

*Sí Mujer, Edificio IBM Montoya ½ cuadra arriba, Apdo 2109*  
*CISAS, Antiguo Restaurante Terraza 1 cuadra al sur, 75 vrs. abajo*  
*Colectivo 8 de marzo, de la SIEMENS 1 cuadra arriba, ½ cuadra al sur*  
*Cátedra de Estudios de Género de UDA, SOYNICA, Colonia Centroamérica L-806*  
*Casa Erlinda Lopez, semáforos Plaza España 10 vrs. al lago, 1½ abajo*  
*AMNLAE, de la entrada al Gimnasio Hércules 2½ al sur, #582*  
*Comisión de Mujeres Ciegas, frente a la Embajada de Honduras, Planes de Altamira*  
*CEPRI, de donde fue el edificio de las Naciones Unidas, 1 cuadra abajo, 2 cuadras al lago, ½ abajo*  
*Xochiquetzal, ITR Ciudad Jardín 1½ cuadra al sur, Casa 8, B Campo Bruce*  
*Colectivo de Mujeres ITZA, Costado Oeste Policía Ajax Delgado*  
*Católicas por el Derecho a Decidir, Apdo T-63*  
*Colectivo de Mujeres XOCHILT, Rpto Shick, Pulpería El Chaparral, 3 cuadras al lago, 1½ abajo*  
*Centro de Adolescentes y Jóvenes de Sí Mujer, del Ceibo 1 cuadra*  
*Centro de Mujeres ISNIN, de la Racachaca 1 cuadra arriba, 10 vrs. al lago*

**For Matagalpa:**

*Colectivo de Mujeres, del Banco Inmobiliario 2½ cuadras al este*  
*Casa Materna, B Guanuca, donde fue la Misión Médica Cubana*  
*Grupo de Mujeres Venancia, de la Iglesia Guadalupe 1½ cuadra al sur*

**For Masaya:**

*Centro de Mujeres, Colegio Bautista 2½ cuadras arriba, Calle Calvario*

**For Ocotal:**

*Casa Materna, contíguo a CDI Nuevo Amanecer*  
*CISAS, del Costado Suroeste del Parque 2 calles abajo*

**For León:**

*Clínica Xpchilt Acal, Calle del arbolito ½ al sur, Larreynaga, Malpaisillo*  
*CISAS, frente al Paraninfo de la Universidad*

**For Chinandega:**

*CISAS, Centro Catequesis Teodoro Kint, El Viejo*



# Nigeria

## actions

The ***Nigerian Organisation for Women's Health*** (WHON) on the occasion of the Day of Action, organised a seminar on May 27 1994: "Women's health from the womb to the tomb - from girl child to grandma", with the objective of sensitising and creating awareness.

Each Day of Action is characterised by the activities around the Campaign and women's health organised by groups and women's networks all over the world.

At their seminar the following issues were discussed:

Dr Ogedengbe, in her talk on reproductive age, defined it as the years between a woman's first and last menstruation.

Professor Olowe spoke about the girl child, emphasising that in modern times science has confirmed that a healthy baby is only possible if the right precautions are taken before conception and during pregnancy and labour. In other words, Dr Olowe maintains that the mother's health is very important to the child she carries.

Dr Peju Olukoya spoke of the years of adolescence, between ten and nineteen, defining them as the period in which there is a lot of awareness of the physical changes in the body, when the fact of womanhood becomes a reality.

She advocated the creation of services for adolescents, that should include counselling, treatment for their ailments and services related to their sexuality.

Dr Olukoya also spoke about the years of menopause, explaining that they are the final years of the reproductive age, when menstruation finally ceases.

At the end of each talk participants asked a lot of questions to the panellists. There were at least 140 people present, from NGOs, private voluntary organisations, health workers, media people, religious groups and secondary students. A Health Fair was held the following day at WHON. There were free hypertension and anaemia tests for the 150 men and women who attended, as well as counselling and advice on reproductive health.

In May 1994 a seminar and meeting to explore the issues was organised jointly by the women of Sokoto State and the First Evangelical Church of West Africa (First ECWA) who lent their headquarters for the occasion.

The point that emerged after the discussions was that the bad state of women's health was connected to the right to information and access to the relevant resources. Women were split in groups to deepen the discussion in relation to their communities. Then problems were prioritised according to the method developed by WHON. The last part of the meeting was focused on the discussion of possible solutions. WHON hopes to be able to help with the implementation of these solutions.

### **Leadership workshops in Plateau State**

As part of their efforts to develop the abilities of grass roots women, WHON organised a leadership workshop in Plateau State. The week long workshop took place in Heipang (a village in the outskirts of Jos), from May 29 to June 4 1994.

*WHOM, Women's Health Organisation of Nigeria, 1 Ikorodu, Road Maryland PMB, 21178 Ikeja*



# Peru

## services

This year the **Flora Tristan Centre's** campaign focused on Quality Treatment in the health services, with the slogan "because women deserve the most humane health services." The reasons for choosing this subject have to do with the conceptual health framework, the reciprocity between health and development and the concepts of equality and wealth distribution.

The Flora Tristan's health and reproductive rights team points that actually the country's health systems present serious problems that are: the wrong allocation of resources, the inequality of access to them, inefficiency and high costs. They demanded a review of the health services focusing on a holistic approach centred around women's needs through all cycles of their lives.  
*FT, Parque Hernan Velarde 42, Lima I*

## symposium and publication

The **Flora Tristan Centre** and the **Manuela Ramos Movement** have been working together for many years around the issue of women's health with the objective of putting women in control of their own health.

This year they organised three scientific conferences under the title "Socio-medical considerations on the management of incomplete abortion" in the cities of Cuzco, Pucallpa and Piura because these are the provinces that have high fertility and maternal morbidity and mortality rates.

They published the findings of these conferences in a book called *Abortion* in which they present different papers that show the magnitude of the problem, the complexities it has in each province, and the difficulty in accessing current archives which prevents them from having information.

*FT, Parque Hernan Velarde 42, Lima I*

# Philippines

## rights

**Gabriela, Commission on Women's Health and Reproductive Rights**, on occasion of the International Day of Action for Women's Health campaigned for "Reproductive Rights in Relation to Women's Health."

The knowledge of the body and health of women are starting points to understand and eventually to be able to criticise the sexual nature of society. Reproduction, which is constructed to be mainly biologic, can be extended to social reproduction and the question of choices/freedom can be raised. This campaign, which we hope will be a regular GCWHR activity, will complement efforts that root out women's oppression to socialization.

Objectives:

1. Popularize the concept of reproductive rights and flesh it out in women's experiences.



2. Explain and critique current issues - e.g. rapes and rape-slays, family planning, abortion, AIDS - from the standpoint of Women's Health and Reproductive Rights.
3. Evolve a current and composite profile of women's health that goes beyond maternal and fertility descriptions and includes women's life cycle problems, problems derived from socio-economic deprivation and problems derived from skewed gender relations.

Gabriela's and CWHRR's programme of action for health started on April 13 with information in the press and continued with a series of activities, forums on reproductive rights, a mobile clinic for women, and workshops. May 28 was a day filled with activities at the Quezon Memorial Circle: weaving, poetry, a performance of the dance "prayer for Mebaya" and the closing ritual: candles were lit and an exorcism was offered to all the victims of sexual violence in the area of QMC.

Slogans:

- \* That every child is a wanted child!
- \* No to forced maternity
- \* Men of quality support equality
- \* Ang tunay na lalaki ay hindi nambubugbog

*GABRIELA Commission on Women's Health and Reproductive Rights, 111 B Scout Lozano Street, Quezon City*

### **Abortion in the Philippines: Facing the need**

In the Philippines, it is estimated that from 155,000 to 750,000 induced abortions are performed yearly, about 40% of which are done by professionals.

Abortion is more prevalent than you think. Despite legal and religious prohibitions, Filipino women continue to seek abortions... In hospital studies conducted from 1967 to 1984, the "induced abortion ratio" showed that around 26-27% of pregnancy admissions were due to induced abortions. Community-based interviews showed wider variability ranging from as low as 4 in every 1,000 pregnancies to 33% of the pregnancies being terminated.

Data from the Department of Health (DOH) reveal that abortion is the third leading cause of hospital discharges in all government medical centers for 1986 (10.12% or 5,441 out of 53,726 patients). Many of these apparently involved a number of induced abortion cases.

Hospital-based studies done mostly in Manila showed that 26 to 27% of obstetrical and gynaecological admissions were due to induced abortions.

Existing studies suggest that an increasing number of women are terminating unwanted pregnancies. In community-based studies done in Cavite in 1966, 1971 and 1976, for instance, an increasing trend of women reporting abortion is noted, with the highest increase occurring among women aged 20-24.

### **And since abortion is illegal...**

Many of the women undergo induced abortion under unsafe conditions in clandestine "clinics" all over the country. Many of them eventually die from infection, haemorrhage and other complications.

In the 1985-1986 Philippine Obstetrical and Gynaecological Society Routine Statistics, 24% of total maternal deaths reported by the 78 participating hospitals can be attributed to induced abortion.

According to Department of Health figures for 1990, 7.9% of maternal deaths were due to abortion.



## Who are these women?

According to local studies compiled by Dr Martin de la Rosa (UP-PGH), the women who aborted:

- \* were between 20 and 34 years old, peaking between 25-29 years old;
- \* in their majority they were married (80%);
- \* they were of a low socio-economic groups;
- \* they had completed between 6 to 10 years of education and were unemployed.

These studies also reveal that about two thirds of the women interrupted their pregnancies in the first trimester. Late abortion was more frequent in the lowest socio-economic groups. According to a more recent study, the women who aborted have more children (30% has 5 or more children), they have economic difficulties and work outside the home to increase the family's income.

Contrary to popular belief, women don't have abortions out of "selfishness"... The studies reveal that the most common reasons for abortion are economic difficulties and the number of children.

This is corroborated by a recent study done by ISSA in 1989, that indicates that the most frequent reason for abortion is economic difficulty (65.71% followed by problems of spacing or difficult pregnancies. (8.57%).

The women felt free of the enormous burden of having to support another child without sufficient resources.

## Position on abortion

According to the study by the Institute of Social Studies and Action, while society despises women who abort, medical professionals are more understanding and say that they cannot judge women because they must have their reasons to abort.

Abortion cannot be justified, according to the majority in society, but the answers fail when questions are asked about a specific situation.

The professionals on the other hand are more indulgent on this issue. More than half (52.5%) said that abortion was justified.

For women, it isn't a question of whether abortion is legal, with or without risk, but more a question of the survival of their children. That is why they decide with determination, courage and rationally, without considering personal risk or emotions.

*ISSA, Institute for Social Studies and Action*

# Puerto Rico

## workshops

**Taller Salud** informs that they have restarted the activities for May 28 that had been suspended. Great news!

About 108 women and 17 girls met on that day in Arsenal de la Puntilla. The idea was to spend the day together in workshops to discuss safe sex, reproductive health, reflexology, the management of emotions, self esteem.

For children there was a workshop on glass painting.

*TS, Boletina Comai, #2 1994*





apis. a.c. • ciudad de México • mayo de 1994

porque es clandestino  
se presta a la corrupción, es peligroso,  
para muchas es mortal  
lo que cada quien hace con su cuerpo  
de todas maneras  
es una decisión individual  
una libertad que todos tenemos que cuidar  
maternidad **libre** maternidad **voluntaria**



# Senegal

## distribution

**ENDA** copied the Call for Action and distributed it to all women's organisations to open the debate on the issue.

Within the African Regional Conference ENDA with Unifem and with the support of ICASO, organized a theatre presentation about responsible health for women. It was produced by the group Santa Yalta of Barhny. The play was open to the public and for the first time there was a sketch about clandestine abortion and its consequences.

*ENDA, BP 3370, Dakar*

# South Africa

## publicity

*WHP News* of the **Women's Health Project** prints most of the Call for Action, publicising in this way the campaign for legal and safe abortion. They also call for supportive actions and offer their newsletter to publicise events.

*WHPN, May 1994*

The **Abortion Rights Group** (ARAG) supported the campaign.

"All women should have access to legal and safe abortion. It is a right of women, and it is crucial to prevent the deaths and suffering of many women all over the world."

They organized an activity to discuss the changes in the law.

ARAG's suggestions for a declaration on abortion for those women who have not had the opportunity to hear the discussion on this subject:

### **Legal abortion means better health for women**

ARAG is an independent organisation created a few years ago. They have been fighting for women's rights to good health through early and safe termination of unwanted pregnancies, as it is done in many countries in the world. South Africa has a bad abortion law. It only allows a few reasons for women to have an abortion, while wealthy women can go to other countries to abort.

ARAG asks for your support to create a new law that allows all women, rich and poor, to have safe abortions, in hospital with a doctor. Women should have advice on abortion and family planning as well as advice on reproductive health.

*ARAG, Abortion Law Reform Movement, PO Box 15489, Vlaeberg 8018*



# Switzerland

## vindication

"Legal and Safe Abortion" is the slogan of the VII International Day of Action for Women's Health.

On the occasion of May 28, the **Swiss Union for the Decriminalisation of Abortion** (USPDA), demands that Parliament reviews the legislation concerning pregnancy termination and that it recognises the right of women to decide for themselves on this issue that is fundamental to them. In relation to prevention, USPDA celebrates the development of family planning and sex education centres in Switzerland and the inclusion of the cost of contraception in medical insurance. Lastly USPDA calls on the Parliament to considerably increase the Swiss contribution to development in health and family planning matters, to alleviate the problem of abortion in the world.

"The WGNRR in its Call for Action in 1994 declares: "Abortion should be legal to every one and women's rights to free choice should be recognised. Abortion should be safe, to protect the life and health of women: well equipped institutions, the most adequate methods, a good follow-up, regular check-ups, counselling to make the decision, all this should be available to women. Social security should cover the costs of the operation. These are WGNRR's demands. To achieve them, abortion has to be legal. All restrictive law is against women's right to choose. In Switzerland the restrictive law of 1942 is still in force. But it is not strictly applied in practice. In our country deaths due to abortion are a thing of the past. In any case women are still criminalised, subjected to psychiatric treatment and left without the protection of the law. Useless obstacles are added to their already difficult situation. Abortion is still taboo. Women still have no access to RU 486 a safe method for the termination of early unwanted pregnancy." USPDA, Case postale 630, 3051 Zollikofen

# Trinidad and Tobago

## general information

The **Caribbean Association of Feminist Research and Action** (Cafra) informs about the situation of abortion in the Caribbean.

"Even though for five months the debate on abortion has been a hot issue in the media in Guyana, the Minister for Employment, Human Services and Social Security, Indra Chandrapal is confident that the Law of Medical Termination of Pregnancy "will pass shortly; there is a certain consensus in the country."

Chandrapal said that the main function of the law was to prevent women from feeling like "criminals" each time they are "forced" to make the decision to abort. She also urged anti-abortionists not to label women "assassins" because for the majority of women abortion is a traumatic experience given the circumstances.

Based largely on the Barbados 1983 abortion law, the proposed law will allow the women of Guyana to have abortions during the first six weeks, through oral treatment administered by a doctor. The woman will not have to attend an approved medical institution, nor will she have to justify her decision to abort.



After six weeks of pregnancy the woman will have to be treated in an approved institution. The doctor will have to take into account the socio-economic environment of the woman and what could happen if she doesn't abort.

The proposed legislation doesn't require the woman to seek the permission of her husband, but she has to inform him. Abortion would also be allowed if the woman had reasons to think that her pregnancy was the consequence of rape or incest, and in the case of the foetus suffering mental abnormalities. Abortion would not be allowed after 28 weeks, yet it would be possible to have an abortion under special circumstances if the life of woman was in danger or to prevent serious permanent damage to her physical or mental health.

John Elias, 53 year old, real estate agent, gold and diamond dealer better known as "Sevens" agrees with abortion. "Without it, there are lots of deaths, crime and deformity. When people are struggling financially and become pregnant, they throw them away in the rubbish."

Elias who admits to having 15 children, thinks the government should provide a special hospital where women could have abortions privately.

Helen Tyrell, an artist with a 14 year old son is also in favour of abortion, According to her, abortion "has its origin" in classrooms. "Given today's young people's fashion, we need this legislation."

Neil Garnett, a 42 year old engineer, father of five, is against abortion. He says that prevention is better than "going through all those horrible things."

In spite of the statistics about the incidence of abortion in Guyana, it is well known that women use abortion as a contraceptive method and many have multiple abortions. A woman said that her neighbour had 14 abortions. Kay Coates, a librarian who attends government public hearings on the proposed Law of Termination of Pregnancy, spoke about the case of a woman who had eight children and as many abortions.

Coates, who's also a member of Cafra, said that women were not interested in the issue because they were too busy earning a living. They know what they have to do if they need an abortion.

Clandestine providers of abortions offer a variety of cocktails from Aspirin and Pepsi, preserved aloe, vegetal coal, ginger and black pepper. There are cases of women who have themselves carried in bicycles over a flat terrain full of enormous holes, or jump from roofs and windows to provoke abortion. The *Guyana Chronicle* published the case of a woman who jumped from three meters breaking an arm and loosing the baby.

Coates said that abortion legislation isn't going to solve the problem immediately, unless there were clinics providing accessible services. Family planning services are not accessible to many women and there is almost no child care. In cities where such services do exist they are too expensive for the majority of Guyana's women.

After six months of public hearings organised by the Ministry's Committee on the Termination of Pregnancy, more than 50% of those who answered a questionnaire were in favour of abortion.

As Guyana prepares to put in force laws that decriminalise medical termination of pregnancy, many Caribbean countries are still not ready to resolve the problem.

"Trinidad is not even close," said Gaietry Pargass, legal advisor to the Ministry of Social Affairs. Here the law allows exceptions in cases where the life of the woman is in danger, but not in cases of rape.



Cecilia Babb, from Barbados, pointed out that while politicians considered “a success” the fact that there were less births to adolescents, public opinion stated that there were many young women having abortions.

In Curacao and Surinam, there is an alarming incidence of abortion although it is illegal. Two doctors are being prosecuted. Medical prescriptions are given to make abortion appear legal. Shirley Byron-Cox, consultant for the Social Services in St Vincent said that in the 70s a law was passed that allowed partners to give their consent for abortion, but the majority of women “keep” their children, even though they are children themselves. She said that abortion is not popular in St Vincent.

The situation in Puerto Rico is quite different. Until the 90s Puerto Rican women didn’t know that abortion services were legal because their country is governed by American law. But legal abortion doesn’t resolve the problem... until there are clinics that women can attend freely.

### **The reality of abortion in Puerto Rico**

Dr Azize’s survey published in June this year, reveals that 91% of the users of abortion services in Puerto Rico were over 20. 73% were catholic and 95% of abortions were done in private clinics. Scientists estimate there are 17,000 abortions a year in Puerto Rico, this implies that one in five pregnant women have an abortion (20%).

Doctor Azize indicates that the high incidence of abortion is due to various factors, among them the strong influence of the Catholic Church and the lack of will of feminists to take the issue on board. She added that religious leaders have told her followers not to vote for those who supports women’s reproductive rights “It’s almost a strategy of blackmail” she added.

She views Guyana’s decision to decriminalise abortion as a “step forward towards democracy for women,” that will give them the right to make decisions about their reproductive capacity, their bodies and their sexuality.

*Cafra, Vol 7, #4, October-December 1993, PO Box 422, Tuna Post Office*

## **USA**

### **press release**

**IPAS** supports the Call for Action of May 28. IPAS, a non-profit women’s health organisation based in North Carolina, United States in this International Day of Action for Women’s Health wants to express its recognition and gratitude to all the health workers, officials and national ministers with whom it has been working to reduce the deaths and injuries caused by induced abortions all over the world.

In a declaration sent to the colleagues of IPAS in several developing countries, the president of IPAS, Forrest C Greenslade, said, “Your important work not only helps the women in your country, it also shows health professionals all over the world what can be done to face and avoid the damage and unnecessary deaths of women.”

Experts indicate that the problem will not stop growing unless measures are taken so that health programmes can make use of the existing technology.

IPAS (International Projects Assistance Services) has worked for twenty years for the reduction of maternal mortality due to abortion in the third world. The IPAS programmes also point to



better availability of family planning, to breaking the cycle of unwanted pregnancy thus reducing the need for repeated abortions.

IPAS, PO Box 100, Carrboro, NC 27510

# Uruguay

## debate

In Uruguay, judging by what was published in **Republica de Mujeres** (Women's Republic) the discussion in defence of abortion, not only vindicates a woman's right to decide without been punished by the law, it also reflects a profound concern with the moral and religious dimension of the issue. The articles published in Republica de Mujeres show an important presence of the Church as a participant in the debate, or to say it in more appropriate terms "in the political reality", the Church with its power intends to oppose the women's struggle.

Although we consider that to be the case in the majority of Latin American countries, we will sum up part of the discussion from the point of view of its validity in the continental context.

The definition of abortion according to the World Health Organisation is: Interruption of gestation that happens before reaching 20 weeks of gestational age (5 months) or when the product has a weight below 500 grams.

### The different issues

- \* If there are philosophical and or religious reasons that cause a person not to have an abortion, it is certain that a law that decriminalises it would not have any influence in their decision. The opposite case would be blatant hypocrisy. In other words, that a person who believes that abortion is immoral, will not be forced to abort because the law doesn't punish it. In the same way that for people who think organ transplant is an act against God's law, the fact that the procedure is not penalised by law doesn't mean that they are forced to have transplants when others consider them necessary.
- \* Religions dictate moral norms that must rule the conscience of each individual and the judiciary has nothing to do with the application of these norms. However, many Latin American legislators seem to be convinced that the beliefs of the Catholic religion have to become laws. For example, the belief that abortion is unacceptable.
- \* All Latin American constitutions guarantee religious freedom. Religious leaders, whether Moslem, Jewish, Hindu, Evangelical or of any other religion have nothing to do with the legislature of the countries. The debate of Catholics about the sin of abortion is valid in the theological context but is absolutely out of place in the legislative context.
- \* Being a part of society, women have one task: the preservation of the species... Women are the species vehicle to perpetuate itself... What if all women decided to abort?" These are the arguments of G. Garcia Costa, Minister for Public Health in Uruguay, frankly concerned with the future of the species. No comment.



- \* Laws shouldn't punish a practice accepted by a majority sector of society (surveys frequently show that abortion falls in this category). When they do, a destructive circle of crime is created - think about the prohibition law in the United States during the 30s - that increases crime rates and unnecessary suffering.

- \* The cost of implementing abortion in the health services could be less than the cost of taking care of the complications caused by clandestine abortion. (it also represents a "saving" for thousands of women that every year pay with their lives). Abortion in the first trimester is a cheap operation: the vacuum method doesn't require an anaesthetic (although a local anaesthetic could be applied) and because of its simplicity it doesn't require a doctor: an air pump dislodges the embryo sucking it thorough a probe; there is no need for surgery.



Colectivo de Mujeres de Matagalpa.

- \* Criminalization of abortion has a certain effect: discrimination against the poor. National Prosecutor M Langón Cuñarro calculates that around 50,000 abortions are performed each year in Uruguay. If the law was applied and the culprits punished the prisons system would collapse (the actual total prison population is 3,500 people). But the law does prevent abortions from been done by the health services and only rich women can afford a safe clandestine abortion (U\$ 500) Poor women suffer physical and moral damage and death; this is the most concrete result of the laws that criminalise abortion.
- \* No woman likes to abort. All women would rather avoid it. State health services should offer contraception to everybody. They don't in Uruguay, contraceptives belong to a private company that is ruled by economic interests not by an interest in public health. It is the same in many countries in Latin America where there is a lack of contraceptives.
- \* Abortion is a health problem of women. Every country that wants to realise the fundamental human right of the protection of health must include abortion in its health services. If men got pregnant abortion wouldn't be a problem. In Australia, Germany, Belgium, Canada, Cuba, Denmark, Spain, the United States, Finland, France, Holland, India, Great Britain, Italy and other countries there are health centres that provide an abortion service to those who request it.



- \* The foetus is not an autonomous being, it isn't a person. As the organs of the woman, the foetus stops functioning when outside the woman. If the pregnant woman dies, the five month old foetus shuts down its vital functions immediately.
- \* Except thorough abortion laws legislators have no interest in "protecting the individual" from conception. No legal age takes into account the months of foetal life: the months the "individual spends in the womb of the woman" are not taken into account neither in the age for retirement, nor in the age for voting, nor in the age for marriage. There isn't a human act that considers foetal life relevant for its regulation. This inconsistency reveals a patriarchal ideology that is clearly reflected in the declarations of the Minister for Health.
- \* When we talk about defending life, we must make clear to which life we are referring. There are many types of life: that of trees, bacteria, domestic animals, sperm, etc. There is also personalised life or the quality of life.

**These arguments were presented in different arenas. Among them:**

- \* For May 28 a discussion was organised by **Espacio Feminista** with a panel of doctors, legislators, women's health activists, university professors and the general public.
- \* In a space for discussion in the weekly publication *La Republica de las Mujeres*, male and female readers wrote their opinions.
- \* Session of the Biomedical Commission of the Chamber of Deputies, conversation with the Health Minister and the Medical Faculty of the University of the Republic.





**Catholics for a Free Choice** (CFFC) in Uruguay wrote:

"Within the framework of the International Day of Action for Women's Health, CFFC wants to present a different idea, born of the indignation and the misogyny that the hierarchy of the Vatican is determined to exercise.

It is up to us to denounce and to think about the current intention of sanctifying two models of women that could be used as an example of the way of being in this era.

The story and commentaries are sharply reflected by Frances Kissling.

Maybe this is a new opportunity for saying everywhere: enough! to the interventions of countries, of consciences and of health and to renew our commitment to the dignified life of women, for each one and for everyone."

*Cristina Grela*

**Catholics for a Free Choice** (CFFC) in the US wrote:

"The Pope says to women: Happy martyrs day!

As a feminist critical of the Vatican I have sometimes harboured doubts about whether I am too hard with the leaders of my Church or sound very trivial in my accusations, or about the position of the Vatican regarding birth control and abortion being rooted in the hatred of women and fear of sexuality.

Couldn't it be true, as is frequently stated by male leaders, that they are genuinely motivated by the respect for life and a desire to protect fetuses as well as women?

Certain events that took place only a few weeks ago have silenced my doubts: at the Vatican misogyny is alive and kicking and there are few signs of respect for the lives of women. On April 24, Pope John Paul II culminated this year's campaign to articulate a so called traditional vision of the family and the role of women, with the beatification of two women who he said were "models of Christian perfection."

Beatification a step in the ladder to sainthood, is a sign of the Vatican's approval over the life and death of those who have been honoured with this distinction. "We want to pay tribute to all those brave mothers that devote themselves unreservedly to their families and that suffer when they give birth to their children" the Pope said in this occasion.

My moderate side tells me: you are always demanding that the Pope honours ordinary women, and now that he has done it, you continue to complain, seeing sexism even in the kindest acts. But listen to the stories of these women and think about the significance, particularly to younger women, of using their decisions as an example of sanctity.

The first one to be beatified was Gianna Beretta, a paediatrician pregnant with her forth child suffering from terminal cancer of the uterus, who insisted that her life should be sacrificed if it was necessary to save her unborn child. Obviously the sacrifice was necessary and she died so that her child could live. I respect her decision, but I would equally respect the decision of a woman who had chosen to live.

However, I have the nagging suspicion that for the Pope the point is that a good mother would sacrifice her life for the life of her unborn child and only a bad mother could think that she deserves to survive even if her child doesn't and even worst that she thought she could make a greater contribution to the world than her child. In spite of all this I tell myself that Gianna Beretta's decisions could be viewed as heroic.



However, the second beatification is unambiguously disturbing. Elisabetta Mora, who died in 1825, stayed in a marriage in which the husband physically abused her. For this reason she is on her way to becoming a saint. As you see, this is a great example for young catholic women. We must also consider the context in which these two women are chosen: when the position of the Vatican is exposed at the preliminary meeting for the next UN conference on Population and Development. There the delegate of the Vatican to the UN meeting tried to destroy the concept of "safe child birth" as an important health objective. In an effort for moderation I scolded myself for being too "radical" and think that if "safe child birth" is not supported it is because "unsafe child birth is favoured".

But this two beatifications show the silliness or my auto criticism, as in effect the message is that the Vatican doesn't value the safety of women in child birth and family life. There are many bricks in this old edifice of misogyny.

Another recent example: Church officials were asked if a man who had contracted AIDS could use a condom to protect his wife from the disease. The Vatican replied that this couple had been chosen by God to abstain from sex. If abstinence threatened the sacrament of marriage and divorce was imminent, then the couple should have sexual relations but without using a condom. "Saving" the marriage is more important than saving the life of the woman. Maybe conservative Catholics are right, the Church doesn't change. This lack of respect for the life of women and this clear aversion to sexuality are unmemorable.

The words of Saint Paul are clear: "That women learn in silence in all submission. I don't allow any woman to teach or have authority over males; she must be silent. For Adam was created first and then Eve and Adam was not cheated, but the woman was and became a transgressor. However, women will be saved to bear children."

Saint Paul was completely wrong, specially in the last part.

In this church women will not be saved even if they are the good mothers that the Pope wants them to be."

*Frances Kissling*

*Católicas por el Derecho a Decidir en America Latina, Correo Central 1326, Montevideo 11200, Uruguay*

## Vatican

### **Abortion and the Church's Summit**

This is a summary of the thought of the hierarchy of the Catholic Church. We want to affirm and argue that the Vatican exercises power over and against women.

"We are against the coercion and deceit used by the international agencies that support plans for population control...(We denounce) international entities that grossly exceed their authority when they encourage countries to adopt demographic policies and when they resort to political pressure tactics to implement those policies..."

We denounce political corruption, excessive expenditure in the military (in contrast with insufficient resources for education), the flagrant injustice in income distribution, the appalling burden of external debt, and the concentration of production means in the hands of a privileged elite. We disavow the work of a huge network of well financed international bodies that jointly with transnational corporations produce and distribute contraceptive technology...



The decision (to have or not have children) belongs to the parents... All authoritarian demographic policy is unacceptable, whether it is carried out under pressure or in a subtle way.

These are extracts from a document published on May 13 1994, months before the UN's Cairo Conference on Population and Development. The document wasn't signed by a "radical" women's group, or an international women's health network. It was signed by the Vatican.

It is perplexing to see that the same arguments are common to the struggle of many women in poor countries. The same women that at the Cairo conference had to endure the Vatican's anti-women lobby.

### **Hypocrisy**

The Vatican displays these rebellious arguments and later opposes women who want to use contraceptives or have abortions, maintaining that the State should decide for her and punish her with imprisonment if she chooses freely. And as if this wasn't contradictory enough, after denouncing the "international entities that grossly exceed their authority" that resort to "political pressure tactics", the Catholic Church develops a furious campaign in international forums.

The Pope and the church's hierarchy travel the world with a warning not to "give in to the forces of evil and avoid falling in the devil's noose", invoking Saint Michael ( the archangel who in the Bible expelled the Devil from paradise) to protect the "unborn" and threatening dissidents with ex communion. In his disgusting campaign the Pope meets with presidents and politicians to discuss the ban of contraceptives.

The Pope gravely exceeds his function as a moral guide of Catholics when he presumes that there is no margin for individual freedom of choice, a freedom that is also part of human nature. When he seeks to promote or opposes the revocation of the laws that condemn all those that don't align with his dogma, the Pope and the hierarchy of the Church that represents him all over the world, deny that there are in reality many other religions that think differently and they even forget that many Catholics dissent with his idea that the life of the embryo should be preserved even if it endangers the life of the woman.

### **Misogyny**

It is quite evident that the concrete political action of the Church does not agree with the concerns of the above mentioned document. For example, the Vatican recently removed its support of UNICEF to boycott the participation of the UN in family planning programmes. Of a total of 938 billion dollars donated to UNICEF in 1992, the Vatican contributed 2,500 dollars. This represented the "total support" of the church to the work of UNICEF and now that has been removed.

This contradiction reveals an ideology. The Vatican is a country that has no women or children among its citizens; it is an institution that doesn't allow women in positions of power, because they are considered morally incapable and only useful for certain "biological functions" or as servants.

It shouldn't surprise us that an institution that wants to ban condoms - at a time when AIDS is taking a toll among the poorest - wastes time in idle disquisition on the definition of "life": whether it begins with the sperm or at fertilisation or 20 or 80 days after; apparently indifferent to the unhappiness caused by unwanted pregnancy, or the tragedy of dying while desperately trying to avoid having an unplanned child.



While 500,000 women die every year due to clandestine abortions (according to the World Health Organisation's conservative estimates) the Church invents words like "unborn child" meaning embryo or "mother of the conceived child" meaning pregnant woman.

### **What life are they talking about?**

The Catholic Church considers the use of IUD murder as it maintains that all fertilised eggs have life. The Chief of State that defends this type of argument can boast of having universal morality in questions of reproduction and family.

The Pope speaks in defence of the family and opposes reproductive rights. In favour of the family he opposes the use of contraceptives. In favour of the family he opposes abortion.

Evidently we speak different languages, what can be confusing is that some times we use the same words. What does the Pope mean when he says "family"? Does he refer to the reality we know, of different kinds of families composed by woman and her children, by two women and their children, by a group of people that share their lives, by two people of the same sex? Or to the patriarchal model family in which the man is the boss?

For the Vatican "the family" is threatened when women decide for themselves how many children to have and when to have them. Doesn't this sound more like a threat to patriarchy? What does the Church mean when it speaks of decency and dignity? Does it refer perhaps to the violated dignity of women that because they are poor cannot avoid giving birth, while rich women can have a safe abortions even if it is forbidden?

Does it refer to the indignity that illegal abortion is one of the main causes of maternal mortality world-wide? It seems not.

Evidently the Church speaks of some other dignity. As it speaks about some other sexuality, some other family some other "life". With which we all have the right to disagree.

### **Notes**

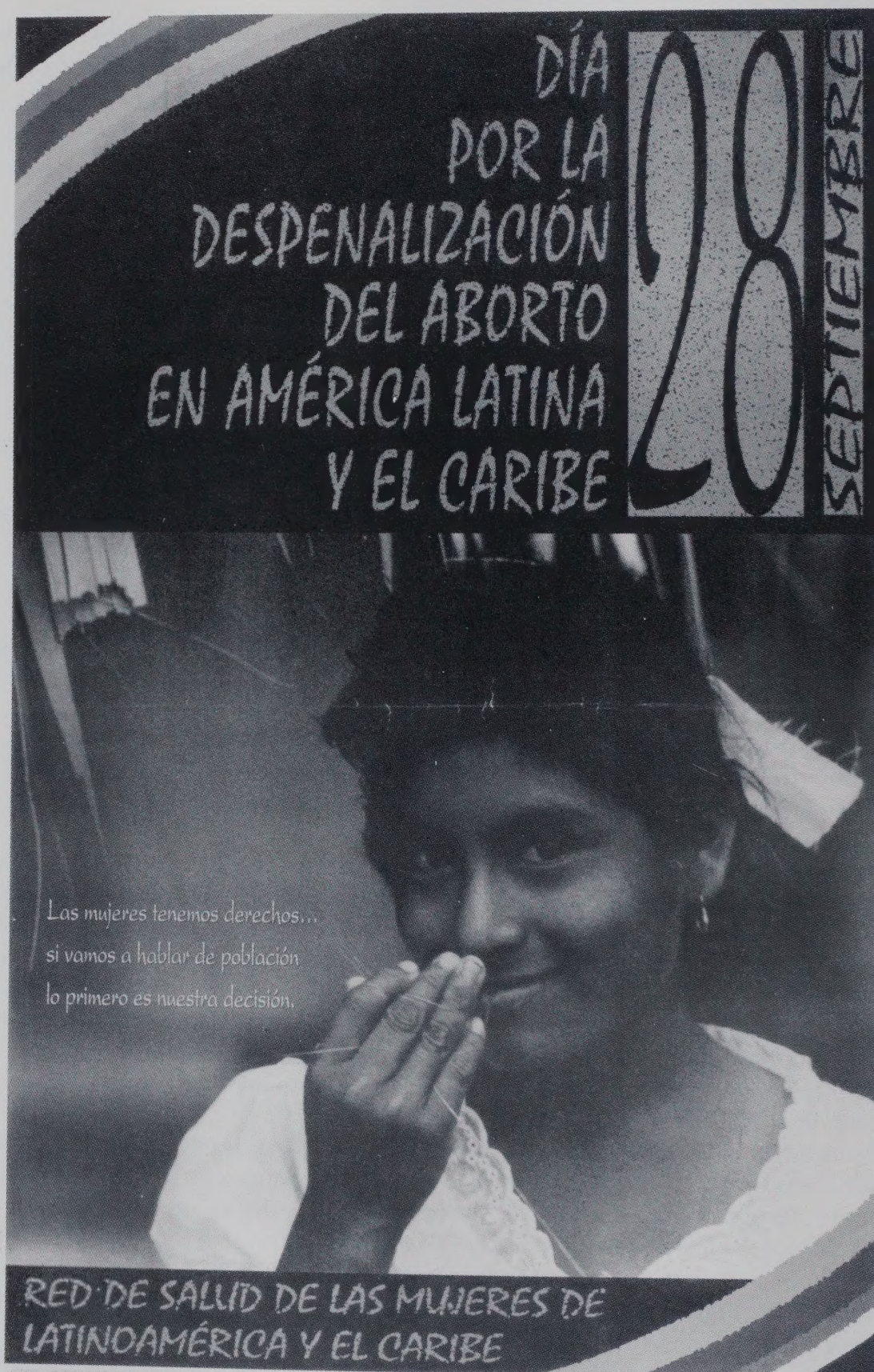
1. Demographic Evolution: Ethical and pastoral dimensions, signed on March 25 by Cardinal Alfonso Lopez Trujillo, president of the Pontifical Council for the Family, in The Catholic World Report, June 1994
2. Reuter news report by Philip Pullella, Vatican City, April 24, 1994. In a multitudinous demonstration to commemorate the sacrifice of Gianna Beretta Molla, a woman who refused to have an abortion that could have saved her life, the Pope invited the faithful to pray for "the battle against the forces of evil" (sic).
3. Sometimes in key political moments, such as the papal visit to the Philippines four months before the parliamentary and provincial elections in 1994. In this country the Episcopal conference had been indicting as "diabolical" the demographic programme of Fidel Ramos's government because it provided contraceptives, and the Pope went there to put pressure so that abortion continues to be a crime punishable by law.
4. Catholics for a Free Choice, for example is an international educational organisation devoted to the defence of legal reproductive health, specially family planning and abortion.
5. While they represent a male organisation, we can add that they are not ignorant of the issue, but that they know it and contribute in a structural way to it perpetuation.
6. IUD fulfils its function after conception, preventing the fertilised egg from adhering itself to the wall of the uterus. In the document quoted en note 1, the Vatican defines it as abortive, same as RU486.
7. The Vatican's delegation expressed its "extreme concern" by the section on Reproductive Rights in the Declaration of the United Nation's Conference on Population and Development. "The dignity and the rights of men and women are undermined by a disturbing "reproductive rights" ideology..." says a declaration of the Episcopal conference in the United States, published on April 4 1994.

*This paper was prepared based on press cuttings and information documents compiled and sent by Catholics for a Free Choice, a group of catholic women that fights for the decriminalisation of abortion, confronting the Power of the Church, based in the United States (English) and Uruguay (Spanish).*



# 28th of September, 1994

**“Las mujeres tenemos derechos y si vamos a hablar de población  
en primer lugar está nuestra decisión”**









# **Report of the Campaign against Maternal Mortality and Morbidity**



**International Day of Action for Women's Health  
May 28, 1993**

**ABORTION:  
WE SHALL NO LONGER BE SILENT ABOUT IT!**

**Women's Global Network for  
Reproductive Rights**

→ Report of the Campaign  
against Maternal Mortality  
and Morbidity - 1994

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